

State File No. _____

FILED OCT 7 1952

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 433

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Farber</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>John</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Buffalo Top</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi SE. of Seneca</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1952</u>			
3. NAME OF DECEASED (Type or Print) <u>James Garland Addington</u>				5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar. /</u>			
8. DATE OF BIRTH <u>Aug. 29, 1891</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Asa Addington</u>		13b. MOTHER'S MAIDEN NAME <u>Bura Raulig</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Truda Addington</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Truda Addington</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericious Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Visceroptosis</u> DUE TO (c) <u>Intestinal Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 months</u> <u>1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-26-52</u> , 19 <u>52</u> , to <u>9-29-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/29/52</u> , 19 <u>52</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. Brown</u> M.D. (Degree or title)				23b. ADDRESS <u>Fusco Bldg - John W.</u>		23c. DATE SIGNED <u>9/30/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct. 1, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-4-52</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u> 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W E Beddeson Seneca Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-6-52

Jasper County Health Office

County File Number 52/10/777

Date Filed 10-6-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.